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Letters to the Editors

Homeopathy is safe and does not lack positive evidence in clinical trials

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The paper by Ross and colleagues provides useful contemporary data on levels of homeopathic and herbal prescribing by general practitioners in Scotland [1]. The points they make about herbal prescribing and drug interactions, especially in young children, are legitimately expressed concerns. Our disquiet is that the authors have taken the opportunity to challenge the entire research evidence base in homeopathy – an issue that goes well beyond the proper interpretation of their data. Allow us to set the record straight.

The paper cites clinical research publications in homeopathy by referring merely to one review, published in 2005, as the authoritative position on trial data in homeopathy [2]. However, that study was based on just eight randomized controlled trials of homeopathy and was deeply flawed [3]. Moreover, it was conducted by researchers openly hostile to homeopathy. It is therefore not an unbiased foundation on which to state there are 'widespread concerns about the lack of proven efficacy of homoeopathic remedies' or to conclude there is 'no convincing positive clinical trial evidence'. Ross *et al.* fail to mention the positive research findings reported elsewhere, including several other reviews, for example [4, 5], or even some of the clinical trials specifically studying children: attention deficit hyperactivity disorder [6], diarrhoea [7, 8], otitis media [9], stomatitis [10], upper respiratory tract infections [11]. They do not mention the evidence that integrating homeopathy in primary care results in better outcomes for similar costs [12, 13] nor, crucially, that it appears very safe when used by health professionals [14, 15].

With barely 100 full-length articles, the volume of peer-reviewed clinical trial research in homeopathy is minuscule compared with that in orthodox medicine. Since homeopathic medicines cannot be patented, homeopathy attracts very little research funding, and so this imbalance may never be redressed. However, statistically significant and positive data have been reported in about half of those published trials [16]. Much of the other half has been inconclusive. Few studies have been frankly negative (homeopathy less effective than control).

It is understandable that homeopathy can seem 'unscientific' in its mode of action – and much more scientific investigation needs to be done in this field – but good research does exist to support its clinical effectiveness. Ross and her coworkers should have checked their facts before pronouncing on an area that their study did not actually address.

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Scottish GPs use of homeopathy

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The conclusions reached in the article by Ross *et al.* [1] are very unhelpful. In 'What is already known about this subject', you state: 'Doctors and regulatory authorities have expressed concerns about their efficacy and safety'. What concerns have been expressed about the safety of homeopathic medicines? There are no published studies which have ever recorded harms from homeopathic medicines. To state that there are concerns about the safety of homeopathic remedies is erroneous and, I suspect, deliberately misleading. I wonder about the authors' motivation in conducting this study. They are clinical pharmacologists, after all, not experts in either Primary Care or Homeopathy, despite their claims to know better than the 60% of Scottish general practitioners (GPs) they accuse of acting either carelessly or inappropriately (see McLay's remarks as reported in the *Glasgow Herald*, 2 December 2006). It is considered to be good publishing practice to make a statement about conflicts of interest and funding, but, in this case, no such statement is declared.

It is particularly unfortunate that the authors confuse and conflate homeopathic and herbal prescribing. These two therapies are completely different. Combining them as a single entity obfuscates rather than clarifies.

The so-called 'widespread concern' about efficacy of homeopathy referred to appears to be a reference only to the Shang paper in the *Lancet* [2] – a seriously criticised paper on the basis of its poor and obscured methodology [3, 4]. There are many other studies of the evidence base for homeopathy available and none of them is quoted here, probably because these other studies tend to favour the conclusion that homeopathic treatment is probably effective in some conditions and cannot be explained simply on the basis of placebo [5, 6].

This study only records the incidence of prescribing and makes no attempt to determine the effectiveness of these prescriptions, nor to analyse their safety. So, how can any conclusion be reached that GPs' use of homeopathy is either to be praised or condemned?

How bizarre to suggest a possible explanation for the greater use of homeopathic remedies in younger patients was to use a placebo for the 'worried well'. The median age for homeopathic prescriptions quoted is 48, and the top five conditions of injuries, joint symptoms, cramps, PMT, menopausal symptoms and breast feeding problems should surely not be dismissed so arrogantly as problems of the 'worried well'.

The authors would appear to be unaware of the substantial amount of clinical evidence in favour of homeopathy and of the research into ultra-high dilutions which scientifically demonstrate that expecting such preparations to have a biological effect is not unreasonable, illogical or unscientific. In fact, the conclusions of this group are illogical and unscientific [3, 7, 8].